NAME OF COMMITTEE (In Full)

Check if

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDITU	JRES		PAGE 137 OF 139 FOR LINE 24 OF FORM 3X	
EA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174			
ck if 24-hour report 48-hour repo	rt New	report Amends report file	ed on Man / Dad / Yayayay	
Full Name of Payee INFOCISION MANAGEMENT COR	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 12 2016			
Mailing Address 325 SPRINGSIDE DRIVE			Amount	
City	State	Zip Code	2696.67	
AKRON	ОН	44333	Transaction ID : SE.20167 Date of Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	03 / 29 / 2016	
Name of Federal Candidate		Support Off	fice Sought: House District: 00	
HILLARY RODHAM CLINTON			▼ President Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought		9280.18 Dis 201	sbursement For: Primary General Other (specify)	
Full Name of Payee INFOCISION MANAGEMENT C	CORP	☐ Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 325 SPRINGSIDE DRIVE			Amount	
City	State	Zip Code	2266.98	
AKRON	ОН	44333	Transaction ID : SE.20168 Date of Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	03 / 29 / 2016	
Name of Federal Candidate		Support Off	fice Sought: House District: 00	
HILLARY RODHAM CLINTON			President Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought			sbursement For: Primary X General 116 Other (specify) ▶	
a) SUBTOTAL of Itemized Independent Expe	enditures		4963.65	
s) SUBTOTAL of Unitemized Independent E	xpenditures	·····		

Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.

SCOTT B MACKENZIE	[Electronically Filed]	Date	04 /	15	2016
Signature					
Olgridiaic					